

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 6

☐ 17 20a ☐ 18 20b ☐ 19a 20c ☒ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

THE JUDD GREGG COMMITTEE

C00265389

Full Name (Last, First, Middle Initial)

A. Capitol Center For The Arts

Mailing Address

44 South Main Street

City

Concord

State

NH

Zip Code

03301

Purpose of Disbursement

Donation

Candidate Name

Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary ☐ General

☐ Other (specify):

Transaction ID: D01Ea02

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Friends of Gordon Smith

Mailing Address

320 23rd St, South

City

Arlington

State

VA

Zip Code

22202

Purpose of Disbursement

Check was returned & Void ed

Candidate Name

Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary ☐ General

☐ Other (specify):

Transaction ID: D010G02

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

-5000.00

Note: This is the adjustment
Regarding the letter we received
☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Junior Achievement

Mailing Address

33 Broad Street, 7th Floor

City

Boston

State

MA

Zip Code

02108

Purpose of Disbursement

Donation

Candidate Name

Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary ☐ General

☐ Other (specify):

Transaction ID: D01wU02

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

-4500.00

-4400.00